



Registration form October 2016 DELF "TOUT PUBLIC" and DALF

Please fill in this form and bring it back to the Alliance Française de Male' before the 1st of October 2016.

<input type="radio"/> M <input type="radio"/> F	
Last name:	
First name:	
Nationality:	
Date of birth:	
Place and country of birth:	
Address:	
Postcode:	
City:	
Tel. Home:	
Mobile phone:	
E-mail address:	

Do/did you follow French lessons?	<input type="radio"/> Yes <input type="radio"/> No
If yes, in which institution/school?	

Have you ever taken a DELF exam before?	<input type="radio"/> Yes <input type="radio"/> No
If yes, which one:	
On what date:	
In which examination centre:	
Candidate number:	

Motivation:	<input type="radio"/> personal
<input type="radio"/> work <input type="radio"/> university studies <input type="radio"/> other:	



*I hereby register for the exam session **DELF TOUT PUBLIC** of April 2016:*

- DELF A1 Listening, reading, writing, speaking
- DELF A2 Listening, reading, writing, speaking
- DELF B1 Listening, reading, writing, speaking
- DELF B2 Listening, reading, writing, speaking
- DELF C1 Listening, reading, writing, speaking

Exam fees:

- ❖ DELF A1: **MVR 1,315** (*AF students: MVR 622*)
- ❖ DELF A2: **MVR 1,315** (*AF students: MVR 622*)
- ❖ DELF B1: **MVR 1,315** (*AF students: MVR 622*)
- ❖ DELF B2: **MVR 1,57 5** (*AF students: MVR 685*)
- ❖ DELF C1 **MVR 1,575** (*AF students: MVR 685*)

- I will come to the Alliance Française de Male' before the 1st of October 2016 to pay the exam fees in cash.*

*Registration for DELF and payment of exam fees must be completed **before the 1st of October 2016**. If payment is not made before this date, registration for the exam will be cancelled. No refunds will be made after cancellation or in case of absence/late arrival for the exam.*

I have read the conditions mentioned above and I accept them.

Date :

Signature :